



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1188

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The funds requested will be used to re-purpose a community building in order to create a single integrated campus to house LiFT Academy, LiFT University Transition Program, and the LiFT Day Program to better serve the needs of its growing student population that has increased more than 600% over 8 years and is projected to continue to grow by 25% annually for the next 5 years. The new campus will make it possible to introduce additional programs (after-school clubs, art, music, athletics) for LiFT students; allow for the expansion of its existing programs (such as the LiFT micro-businesses and established Day Program); and provide the opportunity for growth of our Family Resource Center.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	750,000
<b>Total State Funds Requested</b>	<b>750,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	8%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	9,250,000	92%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>10,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	800,000	114	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

LiFT received PPP loans of \$318,233 in April 2020 and \$337,563 in May 2021, and an Economic Impact Disaster Loan (EIDL) for \$149,900 in July 2020. All loans supported pandemic-related expenses and have been forgiven or paid back with interest.

#### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Furnishings, technology and other equipment required to enable the facility to function as a LiFT campus,	50,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funds will be used to conform the existing structure to LiFT needs, including accessibility adjustments, construction of therapeutic office space, an on-site media center, a family resource center and other renovations as needed to accommodate LiFT programs and disability requirements.	700,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

#### 12. Program Performance

**a. What specific purpose or goal will be achieved by the funds requested?**

LiFT (DBA LiFT Academy & LiFT University Transition Program) has grown by a combined 600% since its founding in 2013. Serving more than 150 students with neurodiversity (including autism, ADHD & learning disabilities), LiFT's new campus will meet the growing enrollment to support the educational, social, interpersonal and independent living & life skills preparation for students Kindergarten through age 22.

**b. What activities and services will be provided to meet the intended purpose of these funds?**

LiFT projects 25% growth in the student population each year for the next 5 years. As LiFT has grown 600% over the past 8 years, we have outgrown our available space. Moreover, LiFT is enhancing its programmatic service array to include pre-K services, more robust adult day programming, a Family Resource Center, and enhancements to current elementary, middle, high, and post-secondary educational opportunities for students with neurodiversity.

**c. What direct services will be provided to citizens by the appropriation project?**

Same as above.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

Children ages 0-18 (LiFT Academy), young adults ages 18-22 (LiFT University Transition Program), and adults ages 23 and older in LiFT Day Program. LiFT anticipates the ability to serve more than 275 in LiFT Academy, 50 in LiFT University Transition Program, and 25 in the Day Program.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**



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Enhanced educational, social, interpersonal, & peer development, employability skills, and more robust access to community resources and services for an under-served population. LiFT utilizes many methods to track these outcomes including MAP Testing and Assessments, Graduation Rates, Individualized Support Plans, Attendance Reports, Community Internships, Employment Rates, and other data collection tools.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

Unused funds would be returned to the state.

**13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

LiFT, Inc., will own the facility and receive fixed capital outlay funding.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number